

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address: and/or (b) indicating a senarate "FFF ADDRESS" for

| ndicated uniess correcte maintenance fee notificat | ions. | erwise in block 1, by (| a) specifying a new corn | spondence address; | מושטו (ט) | indicating a sepa | mate rei | 2 ADDKE22 IOL | |
|---|---|--|--|---|-------------------------|---------------------|------------|---------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| 21839 | 7590 01/25 | /2008 | lia. | | • | | • | | |
| BUCHANAN, POST OFFICE I ALEXANDRIA, | l h Str ad tra | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | | |
| | ٢ | | | | | (Depositor's name) | | | |
| | | | | . (Signature) | | | | (Signature) | |
| | | | | | | | (Date) | | |
| . APPLICATION NO. | FILING DATE | | FIRST NAMED, INVENTO | R | ATTORNE | Y DOCKET NO. | CONFI | RMATION NO. | |
| 10/630,775 | 10/630,775 07/31/2003 | | Kazuya Kamon | | | 7888 | | | |
| TITLE OF INVENTION | SIMULATOR FOR A | CHEMICAL MECHAN | ICAL POLISHING | 83/04/20 | gob ayond | AF2 00000064 | 024890 | 10630775 | |
| | | | 01 FC:15 02 FC:15 | 594 | 1440.00 DA 300.00 DA | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUI | | TAL FEE(S) DUE | | DATE DUE | |
| nonprovisional | NO | \$1440 | \$30Ô | \$0 | | \$1740 | | 04/25/2008 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | ٠ . | | | | | |
| PIERRE LOUIS, ANDRE 2123 | | 703-013000 | _ | ٠. | م م | | | | |
| CFR· 1.363). | nce address or indicatio | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys BUCHANAN INGERSOLL 1 & ROONEY PC | | | | | | | |
| Change of corresponded Address form PTO/SE | ondence address (or Cha 3/122) attached. | or agents OR, alterna | | member a | 2 | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | | |
| (A) NAME OF ASSIC | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| RENESAS T | ECHNOLOGY COR | CHIYODA-KU | , TOKYO, JA | APAN | | | · . | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government | | | | | | | | | |
| 1a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. | | | | | | | | | |
| | | | | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - # of Copies2 | | | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form). | | | | | | |
| 5. Change in Entity Status (from status indicated above) | | | | | | | | | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if poured) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in | | | | | | | | | |
| nterest as shown by the r | ecords of the United Sta | toe-Patent and Trademark | d from anyone other than k Office. | the applicant; a regi | stered attorn | ney or agent; or ti | he assigne | e or other party in | |
| Authorized Signature | Jams feet | an | | DateMa | rch 3, | 2008 | | | |
| Typed or printed name | | | | Registration N | | 8,632 | | | |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. | | | | | | | | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.